

PRE-APPLICATION

WISCONSIN NATIONAL GUARD TUITION GRANT

*Privacy Act Statement Authorized by Section 21.49, WI Statutes & EO9397. Completion of form is voluntary, however, lack thereof will prevent grant processing.
Personal information will not be used for any other purpose.*

IMPORTANT: READ & FOLLOW THE INSTRUCTIONS THOROUGHLY

STUDENT PORTION: This **pre-application** is required to be **submitted within 30 days of the beginning of your semester/course**. Do so by completing the student portion & sending it to: DEPARTMENT OF MILITARY AFFAIRS, WING-SBF, PO BOX 14587, MADISON, WI 53708 or fax to 608-242-3154. The **application** on the next page, must be certified and forwarded by your school to the Department of Military Affairs (DMA) for approval of payment **no later than 60 days upon completion of the semester/course**. If you question who your certifying official is, phone 608-242-3159.

Social Security Number: _____ - _____ - _____ Check Guard Membership: Army _____ Air _____

Print Name: _____ Check: Male _____ Female _____

First Middle Last
Address where check should be sent: _____ City: _____

State: _____ Zip: _____ Birthdate: _____ Dates of Academic Term From: _____ To: _____

School Name: _____ # of Credits Taken This Term: _____ Estimated Tuition Paid (NO fees) _____

I certify that: (1) The above information is correct, (2) I do NOT have a Bachelor's Degree, (3) I realize that I **must achieve a minimum grade point average of 2.0** or an average grade of "C" for the course/term that reimbursement is being requested, (4) I understand that this **application must be received by DMA within 60 days of the term completion** & I will call 608-242-3159 prior to the 60 day deadline if I question that my application has reached DMA, (5) I am aware that if I do not satisfactorily fulfill my military obligations, DMA will pursue recoupment for the full amount of all WI National Guard tuition grants that I have received, (6) The school may release this information to DMA, (7) I have read & understand all the directions on this form including the qualifying school list page .

Signature: _____ Date: _____ Telephone: _____

This is only a pre-application. The application on the next page must be submitted to your school certifying official. DMA recommends that you submit it at the beginning of the semester/course.

**WITHIN 30 DAYS OF SEMESTER/COURSE START
SUBMIT THIS PRE-APPLICATION TO:**

**DEPARTMENT OF MILITARY AFFAIRS
WING-SBF, PO BOX 14587
MADISON, WI 53708**

or fax to 608-242-3154

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STUDENT PORTION: YOU MUST PRE-APPLY BY COMPLETING THE STUDENT PORTION & SENDING IT TO DEPARTMENT OF MILITARY AFFAIRS. **THIS APPLICATION MUST BE SUBMITTED TO THE DEPARTMENT OF MILITARY AFFAIRS (DMA) FOR APPROVAL OF PAYMENT NO LATER THAN 60 DAYS AFTER EACH COMPLETION OF WHAT THE APPLICANT'S SCHOOL CONSIDERS TO BE A COURSE/TERM** (i.e.: a semester, a quarter or a track). After completing **all** lines in the student portion, the applicant keeps a copy and submits balance to appropriate College Registrar's Office or Veterans' Office for certification of satisfactory course completion. Forward incomplete course(s) on a separate application upon fulfillment. Reimbursement is based on 100% of the tuition charged at the student's qualifying school or the maximum resident undergraduate tuition charged by the University of Wisconsin-Madison, whichever is less. The grant check will be disbursed to the student by DMA. This grant will be denied if the student is delinquent in child support or maintenance payments, as established by the appearance of the student's name on the WI support lien docket under s. 49.854(2)(b), Stats. Questions regarding this form may be directed to DMA State Budget and Finance at 608-242-3159.

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Signature: _____ Date: _____ Telephone: _____

SCHOOL PORTION: After classes are completed, the School's Registrar or Veteran's Representative certifies this form for the above named student & term. The school keeps a copy & submits the balance within 60 days of the term completion to: Wisconsin Department of Military Affairs, WIAR-PA-ED, PO Box 8111, Madison, WI, 53708-8111. Direct questions to DMA State Budget & Finance 608-242-3159.

School Name: _____ USDOE Federal School Code: _____

Beginning date of most recently completed term: _____/_____/_____ Ending date of most recently completed term: _____/_____/_____
Month Day Year Month Day Year

Number of credits **satisfactorily completed this term:** _____ Number of incomplete credits this term: _____

Number of credits earned exclusively on-line: _____ Number of University Post-Graduate Degree credits: _____

Tuition charged for **satisfactorily completed courses ONLY:** _____ (NO Segregated fees, books, CEU credits)

If tuition remission was granted, enter actual base tuition paid in line above. Did the student receive tuition remission? Yes _____ No _____

Did the student attain a **minimum sem/term (NOT cumulative) grade point average of 2.0 or 'C', as applicable?** Yes _____ No _____

Did the applicant have a Bachelor's Degree or Equivalent **prior** to the completion of this most recent term? Yes _____ No _____

Certifier's Signature: _____ Date: _____ Telephone: _____

MILITARY PORTION: To be certified by the appropriate WIAR-PA-ED or WIAF-DP national guard office.

Pay Grade: _____ Unit Code: _____ Enlisted: _____/_____/_____ Education Code: _____ ETS: _____/_____/_____
Month Day Year Month Day Year

Certifier's Signature _____ Date Certified: _____ Comment: _____

DMA FORM 189 (September 2005)DMA PORTION: Voucher: _____ Date Processed: _____ By: _____